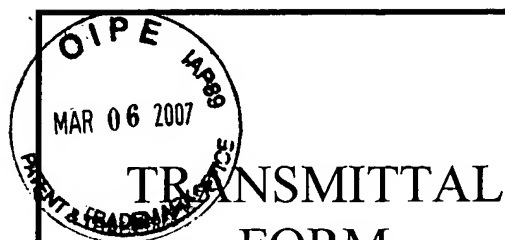


03-07-07

Ifw-#

EXPRESS MAIL MAILING LABEL NO. EV931176568US



TRANSMITTAL FORM

Application Number	10/040,911
Filing Date	October 26, 2001
First Named Inventor	Ray Berg
Group Art Unit	3626
Examiner Name	Rachel L. Porter
Attorney Docket No.	AIG-007 (10251/052)
Patent No.	N/A
Issue Date	N/A

ENCLOSURES (check all that apply)

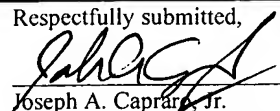
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment and Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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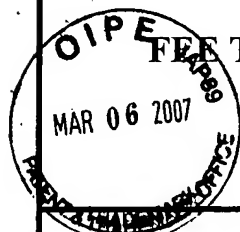
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

Date: March 6, 2007
 Reg. No.: 36,471
 Tel. No.: (617) 526-9800
 Fax No.: (617) 526-9899

Respectfully submitted,

 Joseph A. Capraro, Jr.
 Attorney for the Applicants
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600


FEE TRANSMITTAL
FY 2007

Complete if Known

Application No.	10/040,911
Docket No.	AIG-007 (10251/052)
Filing Date	October 26, 2001
First Named Inventor	Ray Berg
Group No.	3626
Examiner Name	Rachel L. Porter
Confirmation No.	8908

METHOD OF PAYMENT
☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 503081.

- ☒ Required Fees (copy of this sheet enclosed).
- ☒ Additional fee required under 37 CFR 1.16 and 1.17.
- ☒ Overpayment Credit.

☐ Applicant claims small entity status. (deduct 50%)
FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount**1. TOTAL**

0

2. EXCESS CLAIM FEES

Fee

Small Entity
Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.

200

100

Total Claims

Extra Claims

Fee Paid (\$)

- 20 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee Paid (\$)

- 3 or HP= _____ x \$ _____ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent
ClaimsFee(\$)
360Small Entity fee (\$)
180

Fee Paid (\$)

2. TOTAL:

0

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100= 0	/50=	round up to a whole number	x	= 0.00

3. TOTAL:

0

CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

FEE CALCULATION (continued)**4. ADDITIONAL FEES**Large
EntitySmall
Entity

Fee(\$)

Fee(\$)

Fee Description

Fee Paid

130

65

Surcharge - late filing fee or oath

50

25

Surcharge - late provisional filing fee or cover sheet

130

130

Non-English specification

2,520

2,520

Request for ex parte re-examination

120

60

Extension for reply within 1st mo.

120.00

450

225

Extension for reply within 2nd mo.

1,020

510

Extension for reply within 3rd mo.

1,590

795

Extension for reply within 4th mo.

2,160

1,080

Extension for reply within 5th mo.

500

250

Notice of Appeal

500

250

Filing a brief in support of an appeal

1,000

500

Request for oral hearing

400

0

Petitions to the Director

180

180

Submission of IDS

790

395

Filing a submission after final rejection (37 CFR 1.129(a))

790

395

For each additional invention to be examined (37 CFR 1.129(b))

100

100

Certificate of Correction for applicant's error

130

65

Submission of Terminal Disclaimer

Other fee (Specify) _____

Other fee (Specify) _____

4. TOTAL:**120.00****TOTAL AMOUNT SUBMITTED****(\$ 120.00)****SIGNATURE BLOCK**

Respectfully submitted,

Date: March 6, 2007
 Reg. No.: 36,471
 Tel. No.: (617) 526-9800
 Fax No.: (617) 526-9899

Joseph A. Capra, Jr.
 Attorney for the Applicants
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600



EXPRESS MAIL MAILING LABEL NO. EV931176568US

PATENT APPLICATION
Attorney Docket No.: AIG-007 (10251-052)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	: Berg et al.	Conf. No.	: 8908
Serial No.	: 10/040,911	Art Unit	: 3626
Filed	: October 26, 2001	Examiner	: Rachel L. Porter
Title	: IDENTITY INSURANCE TRANSACTION METHOD		

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir or Madam:

This is a response to the Office Action mailed from the U.S. Patent and Trademark Office on November 6, 2006 in the above-identified application.

The Commissioner is hereby authorized to charge the fee for a one-month extension of time to Attorney's Deposit Account No. 50-3081. If additional fees are due, the Commissioner is hereby authorized to charge all such fees to Attorney's Deposit Account No. 50-3081.

Applicants amend the application as follows:

- **Amendments to the claims** begin on Page 2;
- **Remarks** begin on Page 7.

03/08/2007 RMEBRAHT 00000040 503081 10040911
01 FC:1251 120.00 DA